



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
www.trs.mt.gov
406-444-3134
1-866-600-4045

TRS Office Use Only

**EMPLOYER PAYROLL INSURANCE
REPORTING SIGN-UP FORM**

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

Completion of this form certifies that you are authorized to access and maintain payroll insurance records utilizing the Montana Teachers' Retirement System (TRS) on-line Payroll Insurance Reporting system.

EMPLOYER'S PAYROLL INSURANCE CONTACT INFORMATION

Employer's Printed Name

TRS Six-Digit Employer Number

Payroll Insurance Contact Printed Name

Area Code and Telephone Number

Area Code and Fax Number

E-mail Address

Employer's Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code)

PROCESS INSURANCE WARRANT PAYABLE TO:

Employer's Name

Effective Date

I understand that prior to implementation, the initial payroll insurance deduction must be authorized by the TRS benefit recipient and the employer, utilizing the 'Authorization For Deduction Of Health Insurance' TRS Form 117.

I agree to follow the terms and conditions of using the TRS on-line Payroll Insurance Reporting System. I further agree that I am responsible for maintaining current and correct deductions, including notification to each benefit recipient of changes or corrections to their insurance premium amounts.

Certifying Representative's Printed Name

Title

Certifying Representative's Signature

Date

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST